



January 18, 2018

2520 Noble Road, Cleveland Heights, Ohio 44121

Dear Homeowner,

Congratulations for taking the first step and contacting us about your mortgage. We understand how hard that can be and promise to work as hard as you do to find a resolution to your situation.

If you return the intake package via mail please **do not send your originals (copies only)**. To help you find your best options, ALL of this information is needed. We only ask for the information that is necessary. Please know that we keep all your information confidential.

You will find there is an emphasis on being truthful. We can't help with a resolution unless we have a complete accurate picture of your situation. A plan based only on part of your information is certain to fail. In addition we do collect information from your credit report and the servicer to compare with your forms to make sure that all important information is included in our assessment and your decision making.

Please Note: This Intake Package along with all needed information on the checklist must be received completed, copied and signed prior to an appointment being made with the counselor.

Your appointment with a housing counselor will last an hour. **Please arrive on time.** Many other families are in the same position as you and the demand for our service is high. We often have appointments back to back. If you arrive late, we will have to reschedule your appointment.

You can reach our office at **216-381-6100 ext. 14** (Denise Black).

Faxes may be sent to **216-381-6683**.

Emails may be sent to: Dblack@hrrc-ch.org (Denise).

You have taken the first step to resolving your situation. Home Repair Resource Center looks forward to working with you!

Sincerely,

The Foreclosure Staff

HOME REPAIR RESOURCE CENTER



Homeowner Intake

TODAY'S DATE: _____ REFERRED TO HRRC: _____

I. PERSONAL INFORMATION - HOMEOWNER #1

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Veteran (you have served in the military)

LAST: _____ FIRST: _____ M.I. _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE: (_____) _____ - _____ WORK PHONE: (_____) _____ - _____ EXT: _____

CELL PHONE: (_____) _____ - _____ EMAIL: _____

SSN #: _____ - _____ - _____ BIRTHDATE: _____ / _____ / _____

RACE: (check box)

☐ White, non-

☐ Hispanic

☐ American Indian / Alaskan

☐ Black, non-

☐ Asian / Pacific Islander

☐ Other

FOREIGN BORN?

☐ Yes ☐ No

GENDER:

☐ Male

☐ Female

DISABLED?: ☐ Yes ☐ No

HOUSEHOLD TYPE:

☐ Single Adult

☐ Married without children

☐ Married with children

☐ Two or more unrelated adults

☐ Female Headed Single parent household

☐ Male Headed Single parent household

☐ Other

HOUSEHOLD SIZE: _____

NO. OF DEPENDENTS: _____

WHAT AGES?: _____, _____, _____, _____, _____

EDUCATION:

☐ Below High School Diploma

☐ 2 year College

☐ Graduate Degree

☐ High School Diploma/Equivalent

☐ Bachelor's Degree

☐ Doctorate

II. PERSONAL INFORMATION - HOMEOWNER #2

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

LAST: _____ FIRST: _____ M.I. _____

BIRTHDATE: _____ / _____ / _____

RACE: (check box)

☐ White, non-Hispanic

☐ Hispanic

☐ American Indian / Alaskan Native

☐ Black, non-Hispanic

☐ Asian / Pacific Islander

☐ Other

FOREIGN BORN?

☐ Yes ☐ No

GENDER:

☐ Male

☐ Female

DISABLED?: ☐ Yes ☐ No

EDUCATION:

☐ Below High School Diploma

☐ 2 year College

☐ Graduate Degree

☐ High School Diploma/Equivalent

☐ Bachelor's Degree

☐ Doctorate

III. INCOME INFORMATION - HOMEOWNER #1

ANNUAL FAMILY / HOUSEHOLD INCOME: what is your total household income each year? \$ _____

PRIMARY EMPLOYER: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

YOUR TITLE: _____ HIRE DATE: _____

PAY CYCLE : ☐ Every week ☐ Every other week ☐ 2x a month ☐ Once a month GROSS INCOME : before taxes: \$ _____

DO YOU RECEIVE OTHER INCOME? ☐ Yes ☐ No Source: _____ MONTHLY AMOUNT \$ _____

INCOME INFORMATION - HOMEOWNER #2

PRIMARY EMPLOYER: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

YOUR TITLE: _____ HIRE DATE: _____

PAY CYCLE : ☐ Every week ☐ Every other week ☐ 2x a month ☐ Once a month GROSS INCOME : before taxes: \$ _____

DO YOU RECEIVE OTHER INCOME? ☐ Yes ☐ No Source: _____ MONTHLY AMOUNT \$ _____

IV. MORTGAGE LOAN INFORMATION

Have you filed bankruptcy since the purchase of this home ☐ Yes ☐ No Chapter 7 or 13? _____

DATE THE HOME WAS PURCHASED (month / year) _____ / _____ AMOUNT PAID FOR HOME \$ _____

WHO IS YOUR CURRENT LENDER?: _____

WHAT IS YOUR CURRENT INTEREST RATE? _____% ☐ Fixed ☐ Adjustable IF ADJUSTABLE, MATURITY DATE: _____

MONTHLY PAYMENT AMOUNT: amount before delinquency: \$ _____ INCLUDES TAXES & INSURANCE? ☐ Yes ☐ No

V. DEFAULT / DELINQUENCY INFORMATION

DATE OF LAST PAYMENT TO LENDER (month / year) _____ / _____ AMOUNT OF PAYMENT \$ _____

HOW MANY MONTHS ARE YOU DELINQUENT? _____ LAST TIME YOU SPOKE TO LENDER (date) _____ / _____

DELINQUENCY AMOUNT: what is the amount your lender is asking you to pay? \$ _____

ARE YOUR TAXES ALSO IN DEFAULT? ☐ Yes ☐ No DO YOU HAVE HOMEOWNERS INSURANCE? ☐ Yes ☐ No

HOMEOWNER: _____ DATE: _____

CO-HOMEOWNER: _____ DATE: _____

**HOME REPAIR
RESOURCE CENTER
FINANCIAL WORKSHEET**

Monthly Expense	Monthly Cost
Mortgage (Principal, Interest, Taxes and Insurance)	\$
Heating (Gas or Oil)	\$
Electricity	\$
Water/Sewer/Trash	\$
Phone (Home and/or Cell)	\$
Cable and Internet	\$
Food (Groceries, Eating Out, School or Work Meals etc.)	\$
Transportation Costs (Car Note/Gas/Insurance/ Bus Fare etc.)	\$
Other Expenses:	\$
Other Expenses:	\$
TOTAL	\$

Monthly Household Income	Gross (Before Taxes)	Net (After Taxes/Take Home)
Monthly Wages/Salary (Borrower #1)	\$	\$
Monthly Wages/Salary (Borrower #2)	\$	\$
Unemployment	\$	\$
Social Security	\$	\$
Pension/Retirement	\$	\$
Food Stamps/Government Assistance	\$	\$
Child Support/Alimony	\$	\$
Rental Income	\$	\$
Family Contribution	\$	\$
Other Income	\$	\$
Other Income	\$	\$
TOTAL	\$	\$

Borrower #1 Signature: _____

Date: _____

Borrower #2 Signature: _____

Date: _____



2520 Noble Road
Cleveland Heights,
OH 44121

AUTHORIZATION FOR COUNSELING

This documents the certification that I, _____, am applying to be a client of Home Repair Resource Center (HRRC), a HUD approved housing counseling agency the following service.

☐ **Pre-purchase Counseling**

(Plan to purchase a Home)
(Budget/Credit Counseling)

☐ **Post-purchase Counseling**

(Plan to get repairs on home)
(Plan to re-finance)

☐ **Foreclosure Intervention/Prevention Counseling**

(Educates homeowners who are in default by assisting them to take steps to prevent foreclosure)

☐ **Tool Loan Program**

(Income eligible program
for Cleveland Heights
Residents)

☐ **Project Repair Classes**

(Hands-on classes for
teaching home repairs)

☐ **Financial Assistance Programs**

(Loan program for major home repairs – Cleveland
Height residents only)

I am voluntarily submitting personal information and identification of various documents and other financial information necessary for review and analysis of my case by HRRC financial/foreclosure counselor.

I understand that HRRC counselors and staff are not attorneys and do not provide legal advice or services.

I understand and acknowledge that counseling I received from HRRC is advice only. I am solely responsible for my decisions about my finances. HRRC does not guarantee a successful result.

I agree that HRRC is authorized to:

- Run my/our credit report
- Submit my/our file for review
- Open my/our file for review for program monitoring and compliance
- Make follow-up contacts with me for program evaluation purposes

I acknowledge that I have received a copy of HRRC's Privacy Policy Statement.

HRRC DISCLOSURE: HRRC does not have any financial relationships with any for-profit or non-profit organizations. I/we understand I am not obligated to receive any other services offered by HRRC or its exclusive partners as a condition of participating in counseling.

CLIENT: _____
DATE: _____

CLIENT: _____
DATE: _____

Received over the telephone by HRRC Counselor, _____ Date: _____
(Name)

Notes or Comments: _____



Privacy Policy

The Home Repair Resource Center (HRRRC) has developed this privacy policy to assure our clients that personal information collected will be treated with a high level of confidentiality, and will only be used for program related purposes.

HRRRC strictly protects the security of your personal information and honors your choices for its intended use. HRRRC has established and maintains reasonable procedures to protect the confidentiality, security and integrity of your personal information. HRRRC carefully protects your data from loss, misuse, and unauthorized access. Your personal information is never shared outside the agency without your written authorization.

HRRRC will not sell your personal identifiable information to anyone.

HRRRC will send you unsolicited information including emails, flyers, event announcements, and newsletters, unless you advise us that you do not want to receive these types of correspondence.

If you have any questions about our privacy policy, please call our office at 216-381-6100.

The Home Repair Resource Center reserves the right to change this policy whenever deemed necessary without prior notification.

Client Signature

Date

Client Signature

Date



AUTHORIZATION TO RELEASE INFORMATION

Borrower: _____

Last Four Digits of Borrower Social Security Number: ____ _

Last Four Digits of Borrower Social Security Number: ____ _

Property Address: _____ Zip Code: _____

Telephone Numbers: _____

Email: _____

Lender: _____

Loan Number: _____

Servicer: _____ Conventional () FHA () VA ()

Nonprofit Agency: **Home Repair Resource Center**

Authorized Housing Counselors: **Denise Black (216)381-6100 Ext. 14 dblack@hrrc-ch.org**
Keesha Allen (216)381-6100 Ext. 13 tallen@hrrc-ch.org

I/we authorize that nonprofit agency named above (herein after "Nonprofit Agency") and its representatives to speak with my/our lender and with whomever have servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan.

I/we also authorize the lender and/or servicer handling my/our loan to discuss my/our loan with Nonprofit Agency, including notification of loan modification status or future default or delinquency.

Nonprofit Agency agrees to maintain the confidentiality of borrower(s) information; however, I/we also authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

I/we further authorize Nonprofit Agency and/or lender and/or servicer handling my/our loan to access my/our credit report file(s) for debt/expense verification in conjunction with my/our foreclosure counseling or qualification for loan refinance or modification. This authorization will not expire unless written and signed documentation is provided to above lender/servicer by the borrower or co-borrower on the existing mortgage/loan with lender/servicer listed above.

This authorization will not be valid unless signed below by all borrowers and co-borrowers named above and will only remain valid until revoked in writing by any borrower or co-borrower named above.

Borrower Signature

Date

Co-Borrower Signature

Date



Foreclosure Scams Test

The following questions are being asked to help identify possible loan scams.

1. Did anyone contact you offering assistance to modify your mortgage, whether directly or by telephone, or by other means such as mail or a flyer?

☐ Yes ☐ No

If yes, please describe:

2. Were you guaranteed a loan modification or asked to do any of the following? Please check those that apply:

☐ pay a fee

☐ sign a contract

☐ redirect mortgage payments

☐ sign over your title to your property

☐ stop making a loan payment

Please indicate the name of the company that contacted you:

Client Name: _____
Please Print

Date: _____

Suspected scam cases will be reported to the Loan Modification Scams prevention network

<http://www.preventloanscams.org> and referred to the HUD Office of Inspector General Hotline: 800-347-3753 or hotline@hudoig.gov



Certification & Authorization Form

Name: _____

Social Security No: _____

Date of Birth: _____

Address: _____

Spouse Name: _____

Social Security No.: _____

Date of Birth: _____

I/We Hereby authorize Home Repair Resource Center and/or its assigned agents to order a consumer credit report on me/us and discuss my/our current situation with appropriate lenders and other professionals. It is understood that the information on my/our report will be used as necessary to evaluate my/our acceptance into foreclosure prevention program. Home Repair Resource Center and its agents may obtain any or all documentation or information that they request for investigation and submission into their programs. No other use of my/our credit information is authorized by me/us.

I understand that Home Repair Resource Center agent provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

I understand that Home Repair Resource Center receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation. I give permission for NFMC program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation

I may be referred to other housing services of the organization or another agency for agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

I understand that Home Repair Resource Center agent provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Home Repair Resource Center agent in no way obligates me to choose any of these particular loan products or housing programs.

BY signing below, you acknowledge you have read this disclosure(s) and have received a copy of Home Repair Resource Center privacy policy to participate in this program.

Signed: _____

Date: _____

Signed: _____

Date: _____

NFMC Client Privacy Policy

Home Repair Resource Center and its agents are committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Certification and Authorization Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (phone number) and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards that make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Signed: _____

Date: _____

Signed: _____

Date: _____



www.hrrc-ch.org

Community Resource Referral Guide

Housing:

- **Department of Housing and Urban Development (HUD)**

Cleveland Field Office
U.S. Bank Centre Building
1350 Euclid Avenue, Suite 500
Cleveland, OH 44115-1815

Phone: (216) 357-7900

Fax: (216) 357-7920

TTY: (216) 522-2261

Web: www.hud.gov

Office Hours: 8:20 a.m. to 5:00 p.m.
Monday through Friday

- **Cleveland Tenants Organization**
3631 Perkins Ave., Suite #3A-4
Cleveland, Ohio 44114

Phone: (216) 432-0617

Fax: (216) 432-0620

Web: www.clevelandtenants.org

- **City of Cleveland Heights
City Hall**
40 Severance Circle
Cleveland Heights, OH 44118
216-291-4444

- **City of Cleveland Heights
Housing Court**
40 Severance Circle
Cleveland Heights, OH
216-291-4901
www.clevelandheightscourt.com

- **City of Cleveland Housing Court**
Justice Center
1200 Ontario Street 13B
Cleveland, OH 44113
216-664-4295
www.clevelandhousingcourt.org

- **Cuyahoga County Clerk of Courts
Administrative Offices for Cuyahoga County**
Justice Center 1st Floor
1200 Ontario Street
Cleveland, Ohio 44113-1664

(216) 443-7952
www.cuyahogacounty.us

- **Cuyahoga County Foreclosure Mediation**
Foreclosure Mediation Program
ADR Department
1200 Ontario Street
Justice Center, 10th Floor
Cleveland, Ohio 44113

Phone: (216) 698-7138
or (216) 698-7158
Fax: (216) 698-2203
Web: <http://cp.cuyahogacounty.us/internet/ForeClosureMediation.aspx>

- **Cleveland Area Board of Realtors**
5633 Brecksville Rd
Independence, OH 44131
216-901-0130 www.cabor.com

- **Cleveland Housing Network
Weatherization Program**

2999 Payne Avenue
Cleveland, OH 44114
Main Offices – 3rd floor
Community Training Center – 1st Floor
Phone: 216-574-7100
Web: <http://www.chnnet.com/>

Social Service Agencies:

- **Ohio Jobs & Family Services**

310 W. Lakeside Avenue
Cleveland, OH 44113
Phone: 216-443-7032
Fax: 216-443-5884
<http://jfs.ohio.gov/>

- **Social Security Administration**

3591 Park East Drive
Beachwood, OH 44122
1-800-772-1213
www.ssa.gov

- **Legal Aid Society-Cleveland**

1223 West 6th Street
Cleveland, OH 44113
216-861-5500
www.lasclev.org

- **United Way of Greater Cleveland First
Call For Help- 211**

1331 Euclid Avenue
Cleveland, OH 44115
216-436-2100
www.unitedwaycleveland.org

- **Domestic Violence & Advocacy Center**

11811 Shaker Blvd # 220
Cleveland, OH 44120
216-229-2420
www.dvcac.org

- **Cleveland Free Clinic**

12201 Euclid Ave
Cleveland, OH 44106
216-721-4010
www.freeclinic.org